


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N08847 1. Entity Name UNIDAD II, A CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 1330 W. 44TH ST. HIALEAH, FL 33012	Mailing Address 1330 W. 44TH ST. HIALEAH, FL 33012
--	--

DO NOT WRITE IN THIS SPACE



03132003 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0445722	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent LORENZO, FRANCISCA 1330 W. 44TH ST. HIALEAH, FL 33012
--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LORENZO, FRANCISCA 1330 W. 44TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GONZALEZ, CARIDAD 1336 W. 44TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, ROSARIO 1330 W 44 STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

UD00000161438
05/24/04-80008-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Francisca Lorenzo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5/20/04</u> <small>Date</small>	<small>Daytime Phone #</small>
---	---------------------------------------	--------------------------------